



Secretor

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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted
with Initial
Filing
OR
☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

First Named Inventor

COMPLETE IF KNOWN

Application Number 09 / 578,664

Filing Date 05/25/2000

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Computer system for Optical Scanning, storage,
organization and electronic mailing of medical..

the specification of which (Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 05/25/2000 as United States Application Number or PCT International

Application Number 09578664 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|---|
| | | |

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| 09/578,664 | 05/25/2000 | |

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
| | | | |

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☐ Correspondence address below

| | | | | | |
|---------|-------------------------------------|-----------|--------------|-----|-------|
| Name | William Reeves c/o Med-DataNet, LLC | | | | |
| Address | PO Box 23 | | | | |
| Address | 200 Shaw Rd | | | | |
| City | North Branford | State | CT | ZIP | 06471 |
| Country | US | Telephone | 203-484-7038 | Fax | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | | | |
|--|---------------------------|---|----|---------|------------|
| Name of Sole or First Inventor: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle (if any)) | | Family Name or Surname | | | |
| William Francis | | Reeves | | | |
| Inventor's Signature | | | | Date | 10/12/2000 |
| Residence: City | N. Branford | State | CT | Country | US |
| Post Office Address | PO Box 23 | | | | |
| Post Office Address | North Branford, CT. 06471 | | | | |
| City | | State | | ZIP | |
| <input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto | | | | | |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR: William Reeves)
SERIAL NO.:)
FILED:)
FOR: COMPUTER SYSTEM FOR OPTICAL SCANNING,
STORAGE, ORGANIZATION AND ELECTRONIC
MAILING OF MEDICAL RECORDS AND OTHER
SENSITIVE ORIGINAL LEGAL DOCUMENTS

DECLARATION OF CLAIMING SMALL ENTITY STATUS
[37 CFR 1.9(f) AND 1.27 (C)] - SMALL BUSINESS CONCERN

I hereby declare that I am the Owner of and am empowered to act on behalf of the following named small business concern:

Med-**DATA** Net LLC
200 Shaw Road
P O Box 23
North Haven, Connecticut 06471

I hereby declare that the above mentioned small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9 (d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare the rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled "COMPUTER SYSTEM FOR OPTICAL SCANNING, STORAGE, ORGANIZATION AND ELECTRONIC MAILING OF MEDICAL RECORDS AND OTHER SENSITIVE ORIGINAL LEGAL DOCUMENTS", by William Reeves, as described in Specification filed herewith.

If the rights held by the above mentioned small business concern are not exclusive, each individual, concern, or organization having rights to the invention is listed below and no rights to the inventions are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or a non-profit organization under 37 CFR 1.9(e). Separate verified statements from each named person, concern, or organization having rights to the invention averring to their status as small entities are submitted herewith (37 CFR 1.27).

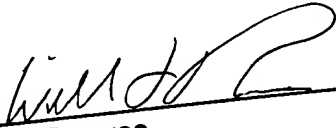
Small Entity Status

Full Name and Address

None

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate {37 CFR 1.28(b)}.

I hereby declare that all statements made herein of my own knowledge are true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.



William Reeves
Owner

5/24/20

Date

ASSIGNMENT

Whereas, I, William Reeves, who resides at 200 Shaw Rd, PO Box 23, North Branford, Connecticut 06471, have made certain inventions and discoveries set forth in an application for Letters patent of the United States of America entitled "**COMPUTER SYSTEM FOR OPTICAL SCANNING, STORAGE, ORGANIZATION AND ELECTRONIC MAILING OF MEDICAL RECORDS AND OTHER SENSITIVE ORIGINAL LEGAL DOCUMENTS**" which application was executed by me on the 24th day of May, 2000.

Whereas, Med-**DATA** Net LLC a Connecticut corporation, whose address is 200 Shaw Road, P O Box 23, North Branford, Connecticut 06471, together with its successors and assigns is hereinafter called "Assignee", is desirous of acquiring the title, right, benefits and privileges hereinafter recited:

Now, Therefore, for valuable consideration furnished by Assignee to me, the receipt and sufficiency of which I hereby acknowledge, I hereby, without reservation:

1. Assign, transfer and convey to Assignee the entire right, title and interest in and to said inventions and discoveries, said application for Letters Patent of the United States of America, any and all other applications for Letters patent on said inventions and discoveries in whatsoever countries, including all divisional, renewal, substitute, continuation and Convention applications based in whole or in part upon said inventions or discoveries, or upon said applications, and any and all Letters Patent and reissues and extensions of Letters Patent granted for said inventions and discoveries or upon said applications, and every priority right that is or may be predicated upon or arise from said inventions, said discoveries, said applications and said letters Patent;
2. Authorize Assignee to file patent applications in any or all countries on any or all of said inventions and discoveries in my name or in the name of Assignee or otherwise as Assignee may deem advisable, under the International Convention or otherwise;
3. Authorize and request the Commissioner of Patents of the United States of America and the empowered officials of all other governments to issue or transfer all said Letters of Patent to Assignee, as assignee of the entire right, title and interest therein or otherwise as Assignee may direct;
4. Warrant that I have not knowingly conveyed to others any right in said inventions, discoveries, applications or patents or any license to use the same or to make, use or sell anything embodying or utilizing any of said inventions or discoveries; and that I have good right to assign the same to Assignee without encumbrance;